

July 2001

Insight

For
benefits
administrators

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You should have received your conference registration packet, which includes a "Benefits at Work" (BAW) 2001 registration form and an Embassy Suites hotel registration card. Please do not delay in completing and returning these forms.

To help make the registration process run smoothly, we ask that you do the following:

- Mail your BAW registration form with payment in full; or
- Mail or fax (803-737-0557) your BAW registration form *and* a letter of commitment, on your entity's letterhead, indicating your intent to attend the conference, which day you plan to attend, and when we can expect payment from you (due no later than August 17).

You may either mail your hotel registration card to the Embassy Suites or fax it to them at 803-256-8749. You do not need to confirm with the Office of Insurance Services (OIS).

The conference rate for both single and double rooms is \$92. Please remember that July 27 is the deadline for reserving your hotel room. After July 27, OIS will forfeit all blocked, unreserved rooms. Should you try to make reservations after the deadline, you will have to pay the regular rate of \$144 per night. We urge you to make your reservations early to ensure having a room at the host hotel and receiving the conference room rate.

If you did not receive a BAW conference registration packet, please call Pamala Jackson at 803-734-0706, toll-free at 1-888-260-9430; or e-mail her at pjackson@ois.state.sc.us.

Conference Dates

| | |
|--------------------|----------------------|
| State Agencies | Monday, August 27 |
| Local Subdivisions | Tuesday, August 28 |
| Higher Education | Wednesday, August 29 |
| Public Schools | Thursday, August 30 |

Conference Agenda

| | |
|---------------------------|--------------------------|
| 8 a.m. - 8:45 a.m. - | Registration & Breakfast |
| 9 a.m. - 9:30 a.m. - | General Session |
| 9:45 a.m. - 11 a.m. - | Concurrent Workshops |
| 11 a.m. - 11:15 a.m. - | Break |
| 11:15 a.m. - 12:30 p.m. - | Concurrent workshops |
| 12:30 p.m. - 2:00 p.m. - | Awards Luncheon |
| 2:15 p.m. - 3:30 p.m. - | Concurrent Workshops |
| 3:30 p.m. - 3:45 p.m. - | Break |
| 3:45 p.m. - 5 p.m. - | Concurrent Workshops |

Salary update information for Supplemental Long Term Disability

All non-Comptroller General payroll groups must provide the Office of Insurance Services (OIS) with salary information as of Oct. 1, 2001, for those subscribers participating in the Supplemental Long Term Disability (SLTD) program.

Salary information should only be provided to OIS if the subscriber is enrolled in SLTD and has had a salary change

since Oct. 1, 2000. The deadline for submitting this information is Oct. 31, 2001.

This information will be used to update our files for 2002. Salary information should be sent on a 3 1/2", High Density, ASCII formatted diskette. The diskette's label should contain your entity's name and insurance group number. The following fields must be included

(See SLTD, Page 3)

South Carolina
Budget and Control Board
Office of Insurance Services



P.O. Box 11661
Columbia, South Carolina 29211
803-734-0678 • 1-888-260-9430
www.ois.state.sc.us

Optional Life and Dependent Life/Spouse enhancements

Effective July 1, 2001, Hartford Life is offering **additional benefits** to your Optional Life Accidental Death and Dismemberment (AD&D) insurance program at **no additional cost**. These same benefits will also be added to the Dependent Life/Spouse program at no additional cost. No change in the Dependent Life/Child(ren) program is being made at this time.

Benefit #1:

Seat Belt Benefit: This existing benefit will be increased to 25 percent (from 10 percent) of face amount if policyholder dies from injuries sustained in a motor vehicle accident while wearing a seat belt.

The information contained in *Insight* that affects your employees should be communicated to them in a timely manner.

Insight
is produced monthly by
the South Carolina
Budget and Control Board
Office of Insurance Services

South Carolina Budget
and Control Board:

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& Means Committee

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Executive Director

Benefit #2:

Daycare Benefit: Pays a daycare benefit to each dependent who is less than age 7 (at the time of the insured's death) and is enrolled in a daycare program. For each dependent who qualifies, one payment is issued per year for no more than two years. The benefit is: the lesser of 5 percent of the face amount or \$10,000 per year.

Benefit #3:

Education Benefit: Pays an education benefit for each dependent who qualifies as a student, with one payment issued per 12-month period to a maximum of four consecutive periods. A qualified dependent must be: (1) a post-high school student who attends a school for higher learning on a full-time basis at the time of the insured's death; or (2) in the 12th grade at the time of death and will become a full-time post-high school student in a school for higher learning within 365 days after the insured's death. The benefit is the lesser of 5 percent of the face amount or \$5,000 per year.

Benefit #4:

Felonious Assault Benefit: Pays a felonious assault benefit if the insured is injured in a felonious assault and the injury results in a loss for which benefits are payable under AD&D.

The felonious assault benefit is payable only if the assault (1) occurs while the insured is on the premises of or conducting the business of the policyholder; (2) is directly related to the insured's employment with the policyholder; and (3) is not committed by an employee of the policyholder or an insured's family member. The benefit is: the lesser of one times annual earnings; or \$25,000; or the underlying AD&D maximum. The benefit is payable only if loss is policyholder related.

Conversion rate update

The conversion rates that are currently listed in Hartford's "Request for Life Conversion Coverage" brochure are incorrect. These rates were changed March 1 and new printed forms have not yet been issued.

If you have a question about Hartford's life insurance conversion rates, please call their Conversion Unit at 1-800-548-5157.

Auditor's Corner

Balance Billing

For subscribers of the State Health Plan (SHP), you and your covered dependents are able to take advantage of the provider networks. These networks include the hospital, physician, ambulatory surgical center, and the transplant contract arrangement through the Blue Cross and Blue Shield Association's national transplant network.

If you and your covered dependents receive care from a participat-

ing provider of one of the networks, you pay the deductible and co-insurance that applies to you and any non-covered services. Because the provider is a member of the network, the provider has agreed to accept as payment in full the SHP's allowable amount and cannot balance bill for covered services.

If a participating provider requires you to pay up front, to prevent being balance billed verify that you are paying only your share of the allowable amount. If you receive a bill from a provider, always check your Explanation of Benefits to pay the provider the amount shown in the box labeled *you owe the provider*.

Ask the Counselor



The Customer Services and Operations departments at OIS are staffed with trained counselors who answer questions daily from benefits administrators, active subscribers and retirees.

As part of a regular *Insight* column, *Ask the Counselor* will address the most recent questions and concerns of the Customer Services Department callers.

If you have a specific concern that you would like answered in this column and shared with your peers, please contact Susie Chappell at schappell@ois.state.sc.us or 803-734-0576.

Q: My son is 11 years old and disabled. He is confined primarily to a wheelchair. I am concerned about keeping him covered under the State Health Plan. My question concerns the age limit of 19, unless a full time student, for coverage under the State Health Plan.

I've read about incapacitated dependents, but am not sure what that means and how it affects my son's coverage. Is there an age limit for this designation?

A: A dependent child may be established as permanently incapacitated at any time prior to the child's 19th birthday.

Should the permanent incapacitation begin while the child is covered as a full-time dependent student age 19 through 24, the permanent incapacitation status should be established within 31

days of the incapacitation.

Temporary incapacitation may be requested for dependent students age 19 through 24 who become temporarily incapacitated while covered under state benefits as full-time students.

To establish incapacitation, you must complete an incapacitation form. Forms are available from your benefits office.

Ask your child's physician to complete the bottom portion of the form. Return the completed form to your benefits office. It will then be forwarded to OIS for evaluation. A statement will be returned to your benefits office.

If determined permanently incapacitated, the child will remain a covered dependent on your file as long as you maintain state coverage.

NOE reminders

The Notice of Election (NOE) form is one of the most important forms filed for a subscriber's state insurance coverage.

Unless it is completed correctly, the subscriber's coverage could be delayed or incorrect.

Below are a few reminders about completing NOEs:

- When completing NOEs, please type the information or use a **dark black** ink pen. Light black or any other color ink or pencil will be rejected;

- Please do *not* highlight anything on the NOE. Items highlighted do not show-up when imaged;

- If making copies of NOEs or other forms to use as originals, please make sure the copies are clear;

- Do not back-date NOEs. If you have to complete another NOE due to errors, use the current date. Attach the first NOE or copy to the corrected NOE and send both back to OIS for processing.

- When adding or dropping dependents, please give specific reasons(s) and dates of occurrence on the NOE;

- If a subscriber has a dependent who is coming on his own state coverage from another state-covered subscriber or being added as a dependent with someone else, an NOE must be submitted to drop the dependent from the previous coverage. Dependents cannot be added to someone's coverage as long as they are showing active on other state coverage;

Please remember when calling OIS and leaving a message or voice mail to also leave your name, phone number (including area code) and Social Security number of the file the call is referencing.

SLTD

Continued from Page 1

on the diskette:

SSN: (N9)

Last Name (A25)

Salary* (N6)

*(in whole dollar amounts, no cents)

Mail the diskette to: Peggy Baxley, Office of Insurance Services, P.O. Box 11661, Columbia, SC 29211.

You may contact the Operations Unit at 803-734-0614 or toll-free at 1-888-260-9430 if you have any general or procedural questions. Please call Paula Patterson, Office of Information Resources, at 803-734-1859 if you have any technical questions about the diskette.

Diskettes will be available at this year's "Benefits At Work" conference for any non-Comptroller General groups.

Fall enrollment

This year is the fall enrollment period. Oct. 1-31, 2001, is an open enrollment for health (including Medicare Supplemental) and dental. Remember that the enrollment period is the same for all subscribers (actives, retirees, COBRA participants and survivors).

State Budget and Control Board

Office of Insurance Services
Insurance Benefits Management
1201 Main Street, Suite 300
PO Box 11661
Columbia, SC 29211

PRESORTED STANDARD
US POSTAGE PAID
COLUMBIA, SC
PERMIT 795

Return Service Requested

Benefits statements coming soon

Benefits statements will be mailed to you this year in late September for all covered employees in your group.

If you are a non-Comptroller General payroll group and would like to have your statements sorted by departmental code, you need to submit a file of your employees on a 3 ½" High Density, ASCII formatted diskette. The diskette's label should contain the benefits administrator's name, the entity name and insurance group number. The following fields must be included on the diskette:

| | |
|--|-------|
| SSN | (N9) |
| Last Name | (A20) |
| Group ID | (A7) |
| (entity employer group ID assigned by OIS) | |
| Dept. Code | (A5) |
| Spaces | (A4) |

Diskettes should be mailed to: Paula Patterson, Office of Information Resources, P.O. Box 12444, Columbia, SC 29211. In order to have your statements sorted by department code, OIR must receive your diskette no later than Aug. 10, 2001. **Any request received after Aug. 10, 2001, will not be honored.**

If you would like to receive a report of the informa-

tion printed on your group's benefits statements, complete the form enclosed with this copy of *Insight* and return it to Paula Patterson by **Aug. 10, 2001**. This year the report will be available via e-mail. Hard copies will only be provided to entities without Internet access. If you have any questions, contact Paula Patterson at 803-734-1859.

Retiree, COBRA participants and survivor benefits statements will be mailed with the *Insurance Advantage* in September.

August 2001 Training Schedule

- ☒ **August 2: MoneyPlus Training**
10 a.m. - 1 p.m.
- ☒ **August 16: Prevention Partners**
Worksite Coord. Training
10 a.m. - 1 p.m.